

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr. G</i>		<i>7/3/00</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>5/9/00</i>
FORMALITY REVIEW		<i>70017</i>	<i>9/14/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral) ..... Canceled    A ..... Appeal  
 + ..... Restricted                        O ..... Objected

Claim	Final	Original	Date
1	✓	✓	<i>9/9/03</i>
2	✓	✓	<i>4/7/04</i>
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
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If more than 150 claims or 10 actions  
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